Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS4240AGC	A. BUILDING _____ B. WING _____	12/31/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURELWOOD GROUP HOME, LLC	4752 TORRENCE DRIVE LAS VEGAS, NV 89103

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Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on 12/31/08. The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006. The facility was licensed for 5 total beds. The facility had the following category of classified beds: Category 2 - 5 beds The facility had the following endorsements: Residential facility which provides care to elderly and/or disabled persons. The census at the time of the survey was 4. Four resident files were reviewed and 4 employee files were reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	Y 000		
Y 102 SS=B	449.200(1)(c) Personnel File - Training Records NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:	Y 102		

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Y 102	Continued From page 1 (c) Records relating to the training received by the employee. This Regulation is not met as evidenced by: Based on personnel file reviews, the facility failed to ensure 2 of 4 employees received not less than 8 hours of training annually related to providing for the needs of the residents (Employee #2 and #3). Findings include: Employee #2 was hired on 2/7/05. There was no documented evidence of training for 2008. The employee completed an eight hour medication management course on 5/7/08. Employee #3 was hired on 2/3/05. There was no documented evidence of training for 2008. The employee completed an eight hour medication management course on 5/7/08. Severity: 1 Scope: 2	Y 102		
Y 272 SS=C	449.2175(3) Service of Food - Menus NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to provide weekly menus.	Y 272		

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Y 272	Continued From page 2 Findings include: There were two weekly menus observed on the refrigerator. Neither menu had dates with the days of the week. Employee #2 indicated she was not aware the facility was required to have dated weekly menus. Severity: 1 Scope: 3	Y 272		
Y 859 SS=E	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to obtain the results of an initial and/or annual physical examination for 2 of 4 residents (Resident #2 and #3). Resident #2 was admitted on 7/14/05 with diagnoses including Hypertension, Chronic Obstructive Pulmonary Disease, Osteoarthritis, Postherpetic Neuralgia and Osteoporosis. The initial physical exam was completed on 7/14/05.	Y 859		

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Y 859	Continued From page 3 The resident's record failed to provide documented evidence of the results of an annual physical examination for 2007 and 2008. Resident #3 was admitted on 9/27/07 with diagnoses including Diabetes Mellitus, Hypertension, Coronary Artery Disease, Dyslipidemia, Recurrent Stroke, Mucositis, Dysarthria, history of Cardiac Stent Placement and status post Patent Foramen Ovale closure. The initial physical exam was completed on 9/27/07. The resident's record failed to provide documented evidence of the results of an annual physical examination for 2008. Employee #2 indicated the residents were seen by the physician frequently. The employee revealed she was not aware she was required to receive a copy of the physical exam from the physician. Severity: 2 Scope: 2	Y 859		
Y 870 SS=B	449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident.	Y 870		

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Y 870	Continued From page 4 This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 2 of 2 residents residing in the facility for longer than six months (Resident #2 and #3). Findings include: Resident #2 was admitted on 7/14/05. The last medication profile review available in the record was dated 6/27/08. Resident #3 was admitted to the facility on 10/26/07. The last medication profile review available in the record was dated 6/27/08. Employee #2 indicated the pharmacist did the medication reviews every six months. The employee revealed the medication reviews should be arriving at the facility shortly. Severity: 1 Scope: 2	Y 870		
Y 876 SS=B	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS	Y 876		

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Y 876	Continued From page 5 449.037 are met. This Regulation is not met as evidenced by: NRS 449.037(6). The Board shall adopt separate regulations regarding the assistance which may be given pursuant to NRS 453.375 <NRS and 454.213 to an ultimate user of controlled substances or dangerous drugs by employees of residential facilities for groups. NRS 453.375 Authority to possess and administer controlled substances. A controlled substance may be possessed and administered by the following persons: 6. An ultimate user or any person whom the ultimate user designates pursuant to a written agreement. NRS 454.213 Authority to possess and administer dangerous drug. A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by: 10. An ultimate user or any person designated by the ultimate user pursuant to a written agreement. Based on record review, the facility failed to ensure an ultimate user agreement was signed for 2 of 4 residents (Resident #1 and #4). Findings include: Resident #1 was admitted on 11/21/08. The resident's file did not contain a signed ultimate user agreement that authorized the facility to administer medications to the resident. Resident #4 was admitted on 12/5/08. The resident's file did not contain a signed ultimate user agreement that authorized the facility to administer medications to the resident.	Y 876		

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Y 876	Continued From page 6 Employee #2 indicted Resident #1 was transferred from another group home and she thought the agreement was in the resident file. Employee #2 indicated Resident #4 was only in the facility for 2 days before becoming ill and transferred to the hospital where she was diagnosed with metastatic liver cancer. The employee revealed she was to upset to have consent signed. Severity: 1 Scope: 2	Y 876		
Y 883 SS=D	449.2742(7) Medication / Resident Refusal NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to notify the prescribing physician of missed doses of medications for 1 of 4 residents (Resident #2). Findings include: Resident #2 was admitted on 7/14/05 with diagnoses including Hypertension, Chronic Obstructive Pulmonary Disease, Osteoarthritis, Postherpetic Neuralgia and Osteoporosis.	Y 883		

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Y 883	Continued From page 7 On 11/23/08 the physician ordered Ciprofloxacin 500 milligrams (mg) one tablet two times a day. The resident refused the last four doses of the medication. The physician was not notified until 12/3/08 during the residents physician appointment. Severity: 2 Scope: 1	Y 883		
Y 885 SS=F	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to destroy medications after they were discontinued, had expired or after a resident had been transferred for 4 of 4 residents (Resident #1, #2, #3 and #4). Findings include:	Y 885		

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Y 885	Continued From page 8 Resident #1 was admitted on 11/21/08. Gabapentin had been discontinued on 6/16/08. The medication remained in the residents medication container. Resident #2 was admitted on 7/14/05. Ciprofloxacin and Nitrofurantin were discontinued. The medication remained in the residents medication container. Resident #3 was admitted on 10/26/07. Prednisolone 1 % had been discontinued on 12/16/08. The medication remained in the residents medication container. Resident #4 was admitted on 12/5/08. Colace had been discontinued on 12/30/08. The medication remained in the residents medication container. Employee #2 indicated she was thought the facility was required to keep the medication for at least 30 days. The employee revealed when Resident #1 was admitted, the container of Gabapentin was brought with the resident. Severity: 2 Scope: 3	Y 885		
Y 922 SS=B	449.2748(3)(a) Medication Labeling NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician.	Y 922		

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Y 922	Continued From page 9 This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure medications were plainly labeled for 2 of 4 residents (Resident #1 and #3). Findings include: Resident #1 was admitted on 11/21/08. A bottle of Aspirin, Os-Cal, Vitamin C and Benefiber were located in the resident's medication basket and not labeled with the resident's name or the name of the prescribing physician. Resident #3 was admitted on 10/26/07. A bottle of Centrum was located in the resident's medication basket was not labeled with the resident's name or the name of the prescribing physician. Employee #2 revealed she was not aware the bottle needed to be labeled with the name of the resident and the physician. Severity: 1 Scope: 2	Y 922		
Y 923 SS=F	449.2748(3)(b) Medication Container NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (b) Kept in its original container until it is administered.	Y 923		

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Y 923	Continued From page 10 This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to keep medications belonging to 4 of 4 residents in their original container (Resident #1, #2, #3 and #4). Findings include: Resident #1 was admitted on 11/21/08. A plastic cup was labeled with the resident's name and AM and another container labeled PM were in the medication cupboard. The PM container contained the medication for the resident for this evening. Resident #2 was admitted on 7/14/05. A plastic cup was labeled with the resident's name and AM and another container labeled PM were in the medication cupboard. The AM container was placed on the kitchen table prior to the resident eating breakfast. The PM container contained the medication for the resident for this evening. Resident #3 was admitted on 10/26/07. A plastic cup was labeled with the resident's name and AM and another container labeled PM were in the medication cupboard. The AM container was placed on the kitchen table prior to the resident eating breakfast. The PM container contained the medication for the resident for this evening. Resident #4 was admitted on 12/5/08. A plastic cup was labeled with the resident's name and AM and another container labeled PM were in the medication cupboard. The PM container	Y 923		

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Y 923	Continued From page 11 contained the medication for the resident for this evening. Employee #2 indicated she was told during the medication course not to take medications out of the original containers. The employee was unable to explain why the medication were placed in the plastic cups. Severity: 2 Scope: 3	Y 923		
Y 936 SS=F	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: NAC 441A.380 is hereby amended to read as follows: 441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent,	Y 936		

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Y 936	Continued From page 12 a home for individual residential care or a medical facility for extended care, skilled nursing, or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu, or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and	Y 936		

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Y 936	Continued From page 13 documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home, or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall	Y 936		

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Y 936	Continued From page 14 not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days. 6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record. Based on record review, the facility failed to ensure that 2 of 4 residents complied with NAC 441A.380 regarding tuberculosis (Resident #1, and #4). Findings include: Resident #1 was admitted on 11/21/08. The resident's file contained documentation the resident completed the first step of the required two-step tuberculosis (TB) skin test on 5/22/08.	Y 936		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS4240AGC	A. BUILDING _____ B. WING _____	12/31/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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Y 936	Continued From page 15 The file did not contain evidence the resident completed the second. Resident #4 was admitted on 12/5/08. The resident's file contained documentation the resident completed the first step of the required two-step tuberculosis (TB) skin test on 12/1/08. The file did not contain evidence the resident completed the second. Employee #2 indicated hospice staff were to provide the TB testing for the residents. Severity: 2 Scope: 3	Y 936		
Y 940 SS=E	449.2749(1)(g)(3) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (3) In any event, not less than once each year.	Y 940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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Y 940	Continued From page 16 This Regulation is not met as evidenced by: Based on record review, the facility failed to perform an annual evaluation of a resident's ability to perform the activities of daily living for 2 of 2 residents residing in the facility longer than a year (Resident #2 and #3). Findings include: Resident #2 was admitted 7/14/05. The resident's file did not contain an annual evaluation of the resident's ability to perform the activities of daily living for 2008. Resident #3 was admitted 10/26/07. The resident's file did not contain an annual evaluation of the resident's ability to perform the activities of daily living for 2008. Severity: 2 Scope: 2	Y 940		
Y1001 SS=D	449.2758(1) Training Requirements NAC 449.2758 1. Within 60 days after being employed by a residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents. 2. As used in this section, " residential facility for elderly or disabled persons " means a residential facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities.	Y1001		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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Y1001	Continued From page 17 This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure that a minimum of 4 hours of training related to the care of elderly residents was received within 60 days of hire for 1 of 4 employees (Employee #4). Findings include: Employee #4 was hired on 7/1/08. There was no documented evidence of training related to the care of elderly residents. Severity: 2 Scope: 1	Y1001		